MAXIMUS Federal Services

Case Number:	CM14-0126401		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2012
Decision Date:	10/31/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury on 01/10/2012. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnoses included status post posterior tibial tendon repair, status post-surgery to the left ankle, status post tendon transfer and a failed left ankle surgery. The injured worker's past treatments included surgery, an ankle brace, a cane, acupuncture and physical therapy. The injured worker's diagnostic exams included 3 MRIs of the left ankle. The injured worker's surgical history included a repair of the posterior tendon with a tendon transfer and a left ankle surgery on an unspecified date. On 06/26/2014, the injured worker complained of extremely painful left ankle pain, which she rated 7/8-10. The physical exam revealed difficulty standing and lifting with complaints of abdominal pain, constipation, depression, stress, anxiety and sleep disturbance. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of the use of a front wheel walker postoperatively, along with a toilet spacer and the use of a cold therapy unit. A request was received for cold therapy unit for an 8 week rental and a knee walker for an 8 week rental. The rationale for the request was that the injured worker was a high fall risk postoperatively. The Request for Authorization form was signed and submitted on 06/30/2014

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cold Therapy Unit (8 week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Continuous-flow cryotherapy

Decision rationale: The request for a cold therapy unit for an 8 week rental is not medically necessary. The Official Disability Guidelines (ODG) does not recommend continuous-flow cryotherapy. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Most studies show that the efficacy is marginal with ice treatment and compression after an ankle sprain. Based on the clinical notes, the injured worker had a left ankle surgery on an unspecified date. The injured worker had complaints of severe left ankle pain, which she rated 7/8-10. However, in spite of her ongoing complaints of pain and instability, the guidelines do not recommend the use of continuous-flow cryotherapy due to lack of comprehensive study evaluations. Therefore, due to lack of support for the use of a cold therapy unit, the request is not supported. Thus, the request for a cold therapy unit for an 8 week rental is not medically necessary.

Knee Walker (8 week rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Walking aids

Decision rationale: The request for a knee walker for an 8 week rental is not medically necessary. The Official Disability Guidelines (ODG) recommend walking aids for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. Based on the clinical notes, the injured worker had a left ankle surgery on an unspecified date. As a result of this surgery, the injured worker was at a high risk for falls due to the inability to use her left ankle for ambulation. However, the use of the knee walker for 8 weeks could cause additional stiffness or orthopedic problems due to the non-use of the affected body part for an extended period of time. Therefore, due to the lack of documentation indicating the exact date of the surgery and the request for a knee walker in excess of 8 weeks, the request is not supported. Thus, the request for a knee walker for an 8 week rental is not medically necessary.